

PLACER COUNTY DEPARTMENTAL APPROVAL SHEET

COMMERCIAL

PERMIT NO. _____

ASSESSOR'S PARCEL NO:					
PROJECT LOCATION:					
TENANT:			PHONE NO		
MAILING ADDRESS: _____ <small>(Complete address/Street number, street name, city, zip)</small>					
PROPERTY OWNER:			PHONE NO		
MAILING ADDRESS: _____ <small>(Complete address/Street number, street name, city, zip)</small>					
CONTRACTOR:			PHONE NO		
MAILING ADDRESS: _____ <small>(Complete address/Street number, street name, city, zip)</small>					
ARCHITECT/ENGINEER:			LIC NO		
MAILING ADDRESS:					
WORKER'S COMPENSATION APPLICABLE? YES () NO () _____ CARRIER/POLICY NUMBER					
CONTACT PERSON: (FOR PLAN CHECK CORRECTIONS)		FAX NO		PHONE NO	
MAILING ADDRESS:					
DESCRIBE WORK TO BE DONE:					
PROPOSED USE <small>(i.e. RETAIL, OFFICE, RESTAURANT, ETC.):</small>					
I UNDERSTAND THAT I NEED TO OBTAIN ALL OF THE AGENCY APPROVALS NOTED BELOW PRIOR TO ISSUANCE OF A BUILDING PERMIT.					
SIGN		PRINT NAME		DATE	

PLAN CHECK ONLY APPROVAL

☐ PLANNING DEPT:

PLANNING APPROVAL FOR PLAN CHECK ONLY

PRINT NAME

DATE

☐ SPECIAL DIST:

SIGN

PRINT NAME

DATE

☐ PUBLIC WORKS:

SIGN

PRINT NAME

DATE

☐ ENV HEALTH:

SIGN

PRINT NAME

DATE

APPROVAL FOR BUILDING PERMIT ISSUANCE

(NOTE: IF YOU INDICATE NO REQUIREMENTS WE WILL FINAL THE PERMIT WITHOUT CONTACTING YOU AGAIN)

☐ PLANNING DEPT

SIGN

ZONING

DATE

No additional requirements

Need Inspection prior to final

COMMENTS

REDEVELOPMENT AREA

YES () NO ()

☐ PUBLIC WORKS

☐ SPECIAL DIST

SIGN

PRINT NAME

DATE

No additional requirements

Need Inspection prior to final

COMMENTS

☐ ROADS/GRADING

SIGN

PRINT NAME

DATE

No additional requirements

Need Inspection prior to final

COMMENTS

☐ ENV HEALTH

SIGN

PRINT NAME

DATE

No additional requirements

Need Inspection prior to final

COMMENTS

☐ AIR POLLUTION

SIGN

PRINT NAME

DATE

No additional requirements

Need Inspection prior to final

COMMENTS

☐ LOCAL FIRE DISTRICT

SIGN

PRINT NAME

DATE

No additional requirements

Need Inspection prior to final

COMMENTS

☐ PLACER COUNTYFIRE/CDF

SIGN

PRINT NAME

DATE

No additional requirements

Need Inspection prior to final

COMMENTS

SQ. FT.	VALUATION \$	PC AMOUNT \$	RECEIPT NO.	INITIALS	DATE
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